

MAIN STUDY - ROUND 16
COMMUNITY COMPONENT
HS. HEALTH STATUS AND FUNCTIONING

BOX HS1A	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX SC1A .
-------------	---

HS1. Now, I would like to ask you about (your/SP's) health. In general, compared to other people (your/SP's) age, would you say that (your/his/her) health is . . .

GENHELTH	excellent,	1
	very good,	2
	good,	3
	fair, or	4
	poor?	5

HS1a. Compared to one year ago, how would you rate (your/SP's) health in general now? Would you say (your/SP's) health is...

COMPHLTH	much better now than one year ago	1
	somewhat better now than one year ago	2
	about the same	3
	somewhat worse now than one year ago	4
	much worse now than one year ago	5
	REFUSED	-7
	DON'T KNOW	-8

HS2. How much of the time during the past month has (your/SP's) health limited (your/SP's) social activities, like visiting with friends or close relatives? Would you say . . .

HELMTACT	None of the time	1
	Some of the time	2
	Most of the time	3
	All of the time	4

HS3. (Do you/Does SP) wear eyeglasses or contact lenses?

ECHELP	YES	1 (HS4)
	NO	2 (HS4)
	SP IS BLIND	3 (HS6)
	REFUSED	-7 (HS4a)
	DON'T KNOW	-8 (HS4a)

HS4. Which statement best describes (your/SP's) vision (wearing glasses or contact lenses) -- no trouble seeing, a little trouble, or a lot of trouble?

ECTROUB

NO TROUBLE SEEING	1
A LITTLE TROUBLE SEEING	2
A LOT OF TROUBLE SEEING	3

HS4a. (Have you/Has SP) had an eye examination by a doctor since [(PREVIOUS SUPPLEMENTAL ROUND INTERVIEW DATE)/(TODAY'S DATE) a year ago]?

EYEEXAM

YES	1	BOX HSA
NO	2	(HS4b)
REFUSED	-7	BOX HSA
DON'T KNOW	-8	BOX HSA

HS4b. How long has it been since (your/SP's) last eye examination by a doctor?

LASTEXAM

NEVER HAD EYE EXAM BY DOCTOR	1
1 YEAR TO LESS THAN 2 YEARS	2
2 YEARS TO LESS THAN 5 YEARS	3
5 YEARS OR MORE	4
REFUSED	-7
DON'T KNOW	-8

BOX HSA	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS5. OTHERWISE, GO TO HS6.
------------	--

HS5. (Have you/Has SP) ever had an operation for cataracts?

ECCATOP

YES	1
NO	2

HS6. (Do you/Does SP) use a hearing aid?

HHELP

YES	1	(HS7)
NO	2	(HS7)
SP IS DEAF	3	(HS8)
REFUSED	-7	(HS8)
DON'T KNOW	-8	(HS8)

HS7. Which statement best describes (your/SP's) hearing (with a hearing aid) -- no trouble hearing, a little trouble, or a lot of trouble?

HCTROUB NO TROUBLE HEARING 1
 A LITTLE TROUBLE HEARING 2
 A LOT OF TROUBLE HEARING 3

HS8. (Do you/Does SP) ever have difficulty eating solid foods because of problems with (your/his/her) mouth or teeth?

DCTROUB YES 1
 NO 2

BOX HSB	OMITTED.
------------	----------

HS9. How tall (are you/is SP)?

HEIGHTFT _____
HEIGHTIN FEET INCHES

HS10. How much (do you/does SP) weigh?

WEIGHT _____
 POUNDS

BOX HS1	IF SP IS FEMALE: GO TO INTRODUCTION ABOVE HS11. IF SP IS MALE: GO TO HS14.
------------	---

These next few questions are about preventive health care measures some people take.

HS11. (Have you/Has SP) had a mammogram or breast X-ray since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

MAMMOGRM YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

HS12. (Have you/Has SP) had a Pap smear since [(PREV. SUPP. RD. INT. DATE)/(TODAY'S DATE) a year ago]?

PAPSMEAR YES 1 (HS14)
 NO 2 **BOX HSC**
 REFUSED -7 **BOX HSC**
 DON'T KNOW -8 **BOX HSC**

BOX HSC	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS13. OTHERWISE, GO TO HS14.
------------	---

HS13. (Have you/Has SP) ever had a hysterectomy?

HYSTEREC	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

HS14. Did (you/SP) have a flu shot for last winter?

[**EXPLAIN IF NECESSARY:** DID SP GET A FLU SHOT ANY TIME DURING THE PERIOD FROM SEPTEMBER (DISPLAY PREVIOUS YEAR AS 19XX) THROUGH DECEMBER (DISPLAY PREVIOUS YEAR AS 19XX)?]

FLUSHOT	YES	1	BOX HSD
	NO	2	(HS14a)
	REFUSED	-7	BOX HSD
	DON'T KNOW	-8	BOX HSD

HS14a. Why didn't (you/SP) get a flu shot last winter?

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

FLUNEED	DIDN'T KNOW IT WAS NEEDED	1
FLUCAUSE	SHOT COULD CAUSE FLU	2
FLUSIDE	SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE	3
FLUPRVNT	DIDN'T THINK IT WOULD PREVENT THE FLU/COULD GET THE FLU ANYWAY	4
FLURISK	FLU NOT SERIOUS/WOULD NOT GET FLU ANYWAY/NOT AT RISK	5
FLUDOCNO	DOCTOR DID NOT RECOMMEND THE SHOT	6
FLUAGNST	DOCTOR RECOMMENDED AGAINST GETTING SHOT/ ALLERGIC TO SHOT/MEDICAL REASONS	7
FLUREACT	DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS	8
FLULOCAT	INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION	9
FLUMISS	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT	10
FLUCOST	COST OF SHOT/NOT WORTH THE MONEY	11
FLUBEFOR	HAD SHOT BEFORE/DIDN'T NEED IT AGAIN	12
FLUOTHER	OTHER (SPECIFY)	91
FLUOTHOS	REFUSED	-7
	DON'T KNOW	-8

BOX HSD	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS15. IF SP IN THE CONTINUING SAMPLE AND ANY PREVIOUS ROUND HS15 = 1, GO TO BOX HS1AA . OTHERWISE, GO TO HS15.
------------	--

HS15. (Have you/Has SP) ever had a shot for pneumonia?

PNEUSHOT	YES	1	BOX HS1AA
	NO	2	(HS15a)
	REFUSED	-7	BOX HS1AA
	DON'T KNOW	-8	BOX HS1AA

HS15a. Why didn't (you/SP) ever have a shot for pneumonia?

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

PNUNEEED	DIDN'T KNOW IT WAS NEEDED	1
PNUCAUSE	SHOT COULD CAUSE PNEUMONIA	2
PNUSIDE	SHOT COULD HAVE SIDE EFFECTS OR CAUSE DISEASE	3
PNUPRVNT	DIDN'T THINK IT WOULD PREVENT THE PNEUMONIA/COULD GET PNEUMONIA ANYWAY	4
PNURISK	PNEUMONIA NOT SERIOUS/WOULD NOT GET PNEUMONIA ANYWAY/NOT AT RISK	5
PNUDOCNO	DOCTOR DID NOT RECOMMEND THE SHOT	6
PNUAGNST	DOCTOR RECOMMENDED AGAINST GETTING SHOT/ ALLERGIC TO SHOT/MEDICAL REASONS	7
PNUREACT	DON'T LIKE SHOTS OR NEEDLES/CONCERNS ABOUT SORENESS OR RASH/LOCAL REACTIONS	8
PNULOCAT	INCONVENIENT TO GET SHOT/UNABLE TO GET TO LOCATION	9
PNUMISS	DIDN'T THINK ABOUT IT/FORGOT/MISSED IT	10
PNUCOST	COST OF SHOT/NOT WORTH THE MONEY	11
PNUOTHER	OTHER (SPECIFY)	91
PNUOTHOS	REFUSED	-7
	DON'T KNOW	-8

BOX HS1AA	IF ANY PREVIOUS ROUND HS16 = 1, GO TO HS17. OTHERWISE, GO TO HS16.
--------------	--

HS16. The next couple of questions are about smoking. (Have you/Has SP) ever smoked cigarettes, cigars or pipe tobacco?

EVERSMOK	YES	1
HS16FLG	NO	2 (INTRODUCTION ABOVE HS18)
	REFUSED	-7
	DON'T KNOW	-8

HS17. (Do you/Does SP) smoke now?

SMOKNOW	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

Now, I'm going to ask about how difficult it is, on the average, for (you/SP) to do certain kinds of activities. Please tell me for each activity whether (you have/SP has) no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (are/is) not able to do it. [PRESS ENTER TO CONTINUE.]

- HS18. How much difficulty, if any, (do you/does SP) have stooping, crouching, or kneeling? Would you say (you have/SP has) no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (are/is) not able to do it?

SHOW CARD HS1

DIFSTOOP

NO DIFFICULTY AT ALL	1
A LITTLE DIFFICULTY	2
SOME DIFFICULTY	3
A LOT OF DIFFICULTY	4
NOT ABLE TO DO IT	5

- HS19. How much difficulty, if any, (do you/does SP) have lifting or carrying objects as heavy as 10 pounds, like a sack of potatoes? Would you say (you have/SP has) no difficulty at all, a little difficulty, a lot of difficulty, or (are/is) not able to do it?

SHOW CARD HS1

DIFLIFT

NO DIFFICULTY AT ALL	1
A LITTLE DIFFICULTY	2
SOME DIFFICULTY	3
A LOT OF DIFFICULTY	4
NOT ABLE TO DO IT	5

- HS20. What about reaching or extending arms above shoulder level?

SHOW CARD HS1

DIFREACH

NO DIFFICULTY AT ALL	1
A LITTLE DIFFICULTY	2
SOME DIFFICULTY	3
A LOT OF DIFFICULTY	4
NOT ABLE TO DO IT	5

- HS21. How much difficulty, if any, (do you/does SP) have either writing or handling and grasping small objects? Would you say (you have/SP has) no difficulty at all, a little difficulty, some difficulty, a lot of difficulty, or (are/is) not able to do it?

SHOW CARD HS1

DIFWRITE

NO DIFFICULTY AT ALL	1
A LITTLE DIFFICULTY	2
SOME DIFFICULTY	3
A LOT OF DIFFICULTY	4
NOT ABLE TO DO IT	5

- HS22. What about walking a quarter of a mile -- that is, about 2 or 3 blocks?

SHOW CARD HS1

DIFWALK

NO DIFFICULTY AT ALL	1
A LITTLE DIFFICULTY	2
SOME DIFFICULTY	3
A LOT OF DIFFICULTY	4
NOT ABLE TO DO IT	5

HS23. Next, I'm going to read a list of medical conditions. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] Please tell me if a doctor told (you/SP) that (you/he/she) (ever) had any of these conditions.
[PRESS ENTER TO CONTINUE.]

BOX HS1B	IF ANY PREVIOUS ROUND HS23a = 1, GO TO BOX HS1C . OTHERWISE, GO TO HS23a.
-------------	---

HS23a. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had hardening of the arteries or arteriosclerosis?

OCARTERY	YES	1
HS23AFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1C	IF ANY PREVIOUS ROUND HS23b = 1, GO TO BOX HS1C-1 . OTHERWISE, GO TO HS23b.
-------------	---

b. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had hypertension, sometimes called high blood pressure?

OCHBP	YES	1
HS23BFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1C-1	IF ANY PREVIOUS ROUND HS23c = 1, GO TO BOX HS1C-2 . OTHERWISE, GO TO HS23c.
---------------	---

c. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had a myocardial infarction or a heart attack?

OCMYOCAR	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1C-2	IF ANY PREVIOUS ROUND HS23d = 1, GO TO BOX HS1C-3 . OTHERWISE, GO TO HS23d.
---------------	---

- d. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] Has a doctor (ever) told (you/SP) that (you/he/she) had angina pectoris or coronary heart disease?

OCCHD	YES	1
HS23DFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1C-3	IF ANY PREVIOUS ROUND HS23e = 1, GO TO BOX HS1C-4 . OTHERWISE, GO TO HS23e.
---------------	---

- e. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] What about other heart conditions such as congestive heart failure, problems with the valves in the heart, or problems with the rhythm of (your/SP's) heartbeat?

OCOTHART	YES	1
HS23EFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1C-4	IF ANY PREVIOUS ROUND HS23f = 1, GO TO BOX HS1D . OTHERWISE, GO TO HS23f.
---------------	---

- f. [Since (PREV. SUPP. RD. INT. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had a stroke, a brain hemorrhage, or a cerebrovascular accident?

OCSTROKE	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1D	IF ANY PREVIOUS ROUND HS23g = 1, GO TO BOX HS1D-1 . OTHERWISE, GO TO HS23g.
-------------	---

- g. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor ever told (you/SP) that (you/he/she) had skin cancer?

OCCSKIN	YES	1
HS23GFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1D-1	IF ANY PREVIOUS ROUND HS23h = 1, GO TO BOX HS1E . OTHERWISE, GO TO HS23h.
---------------	---

- h. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had any kind of cancer, malignancy, or tumor other than skin cancer?
[INCLUDE BENIGN NON-MALIGNANT TUMORS OR GROWTHS.]

OCCANCER YES 1 (i)
 NO 2 **BOX HS1E**
 REFUSED -7 **BOX HS1E**
 DON'T KNOW -8 **BOX HS1E**

- i. On what part or parts of (your/SP's) body was the cancer or tumor found?
 (CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.)

OCCLUNG LUNG 1
OCCECOLON COLON, RECTUM, OR BOWEL 2
OCCBREAST BREAST 3
OCCUTER UTERUS 4
OCCPROST PROSTATE 5
OCCBLAD BLADDER 6
OCCOVARY OVARY 7
OCCSTOM STOMACH 8
OCCECERVX CERVIX 9
OCCBRAIN OTHER (SPECIFY) 91
OCCCKIDNY REFUSED -7
OCCTHROA DON'T KNOW -8
OCCHEAD
OCCBACK
OCCFONEC
OCCOTHER
OCCOS

BOX HS1E	IF ANY PREVIOUS ROUND HS23j = 1, GO TO BOX HS1F . OTHERWISE, GO TO HS23j.
-------------	---

- j. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had diabetes, high blood sugar, or sugar in (your/his/her) urine?
 [DO NOT INCLUDE BORDERLINE, PREGNANCY, OR PRE-DIABETIC DIABETES.]

OCDIABTS YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX HS1F	IF ANY PREVIOUS ROUND HS23k = 1, GO TO BOX HS1G . OTHERWISE, GO TO HS23k.
-------------	---

- k. Once (PREV. SUPP. RD. INT. DATE)(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had rheumatoid arthritis?

OCARTHRH	YES	1
HS23KFLG	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1G	IF ANY PREVIOUS ROUND HS23I = 1, GO TO BOX HSE . OTHERWISE, GO TO HS23I.
-------------	--

- l. Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had arthritis, other than rheumatoid arthritis?
[EXPLAIN, IF NECESSARY: THIS INCLUDES OSTEOARTHRITIS.]

OCARTH	YES	1 (m)
HS23LFLG	NO	2 BOX HSE
	REFUSED	-7 BOX HSE
	DON'T KNOW	-8 BOX HSE

- m. What part or parts of (your/SP's) body have been affected by arthritis?
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

OCAARM	ARMS, SHOULDERS, OR HANDS	1
OCAFEET	HIPS, KNEES, FEET, OR	
OCABACK	ANYWHERE ON LEGS	2
OCANECK	BACK	3
OCAALOVR	NECK	4
OCAOTHER	ALL OVER OR JOINTS	5
OCAOS	OTHER (SPECIFY)	91
	REFUSED	-7
	DON'T KNOW	-8

BOX HSE	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS23n. OTHERWISE, GO TO BOX HS1H .
------------	--

- n. Has a doctor ever told (you/SP) that (you/he/she) had mental retardation?

OCMENTAL	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX HS1H	IF ANY PREVIOUS ROUND HS23o = 1, GO TO BOX HS1I . OTHERWISE, GO TO HS23o.
-------------	---

- o. Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had Alzheimer's disease or dementia?

OCALZHR YES 1
HS230FLG NO 2
 REFUSED -7
 DON'T KNOW -8

BOX HS1I	IF ANY PREVIOUS ROUND HS23p = 1, GO TO BOX HS1J . OTHERWISE, GO TO HS23p.
-------------	---

- p. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had a mental or psychiatric disorder?

OCPSYCH YES 1
HS23PFLG NO 2
 REFUSED -7
 DON'T KNOW -8

BOX HS1J	IF ANY PREVIOUS ROUND HS23q = 1, GO TO BOX HS1J-1 . OTHERWISE, GO TO HS23q.
-------------	---

- q. Since (PREV. SUPP. RD. INT. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had osteoporosis, sometimes called fragile or soft bones?

OCOSTEOP YES 1
HS23QFLG NO 2
 REFUSED -7
 DON'T KNOW -8

BOX HS1J-1	IF ANY PREVIOUS ROUND HS23r = 1, GO TO BOX HS1K . OTHERWISE, GO TO HS23r.
---------------	---

- r. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had a broken hip?

OCBRKHIP YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX HS1K	IF ANY PREVIOUS ROUND HS23s = 1, GO TO BOX HS1L . OTHERWISE, GO TO HS23s.
-------------	---

- s. Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had Parkinson's disease?

OCPARKIN YES 1
HS23SFLG NO 2
REFUSED -7
DON'T KNOW -8

BOX HS1L	IF ANY PREVIOUS ROUND HS23t = 1, GO TO BOX HS1M . OTHERWISE, GO TO HS23t.
-------------	---

- t. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had emphysema, asthma, or COPD?
[COPD=CHRONIC OBSTRUCTIVE PULMONARY DISEASE.]

OCEMPHYS YES 1
HS23TFLG NO 2
REFUSED -7
DON'T KNOW -8

BOX HS1M	IF ANY PREVIOUS ROUND HS23u = 1, GO TO BOX HSF . OTHERWISE, GO TO HS23u.
-------------	--

- u. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE),] has a doctor (ever) told (you/SP) that (you/he/she) had complete or partial paralysis?

OCPPARAL YES 1
NO 2
REFUSED -7
DON'T KNOW -8

BOX HSF	IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO HS23v. OTHERWISE, GO TO BOX HS2 .
------------	---

- v. IF SP IS OBVIOUSLY MISSING ONE OR MORE LIMBS, CODE "YES" AND DO NOT ASK. OTHERWISE, ASK: What about absence or loss of an arm or leg?

OCAMPUTE YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX HS2	<p>(a) IF SP IN SUPPLEMENTAL SAMPLE, GO TO (b). OTHERWISE, GO TO INTRODUCTION ABOVE AC29.</p> <p>(b) IF SP IS 65 OR OLDER, GO TO INTRODUCTION ABOVE AC29. IF SP IS UNDER 65, AND ANY "YES" AT HS23a-v, GO TO HS24. IF SP IS UNDER 65 AND <u>ALL</u> "NO" AT HS23a-v, GO TO HS25.</p>
------------	--

- HS24. You told me that (you/SP) have had [READ CONDITIONS LISTED BELOW]. (Was this/were any of these) the original cause of (your/SP's) becoming eligible for Medicare?

EMCOND YES 1 **BOX HS3**
 NO 2 (HS25)

- HS25. What was the original cause of (your/SP's) becoming eligible for Medicare? RECORD VERBATIM.
 [PRESS ENTER TO LEAVE SCREEN.]

GO TO INTRODUCTION ABOVE AC29.

EMCAUSE1 **EMCAUSC1**
EMCAUSE2 **EMCAUSC2**
EMCAUSE3

BOX HS3	<p>IF MORE THAN ONE CONDITION MENTIONED IN HS23a-v, ASK HS26. IF ONLY ONE CONDITION MENTIONED IN HS23a-v, GO TO INTRODUCTION ABOVE AC29.</p>
------------	---

HS26. Which of these conditions was the cause of (your/SP's) becoming eligible for Medicare?
 [CODE ALL THAT APPLY - PRESS CTRL/L TO LEAVE SCREEN.]
 DISPLAY CONDITIONS FOR WHICH HS23a-v CODED 1. ALLOW "OTHER SPECIFY" (91).

DISPLAY NUMERIC EQUIVALENT OF HS23 LETTER FOR THE CONDITION AS THE CODE TO BE ENTERED
 BY INTERVIEWER, i.e., IF HS23c=1, DISPLAY AS "3. HEART ATTACK;" HS23f=1, DISPLAY "6. STROKE,"
 ETC.

EMARTERY
 EMHBP
 EMMYOCAR
 EMCHD
 EMOTHART
 EMSTROKE
 EMCSKIN
 EMCANCER
 EMDIABTS
 EMARTH RH
 EMARTH
 EMMENTAL
 EMALZHR
 EMPSYCH
 EMOSTEOP
 EMBRKHIP
 EMPARKIN
 EMEMPHYS
 EMPPARAL
 EMAMPUTE
 EMOTHOS
 EMOS

Next, some questions about (your/SP's) health care needs during the past year.

AC29. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE)/In the last year], (have you/has SP) had any trouble getting
 health care that (you/SP) wanted or needed?

HCTROUBL	YES	1 (AC30)
	NO	2 (AC31)
	REFUSED	-7 (AC31)
	DON'T KNOW	-8 (AC31)

AC30. Why was that?
 [PRESS ENTER TO LEAVE SCREEN.]

HCTRVB1	HCTRC1
HCTRVB2	HCTRC2
HCTRVB3	HCTRC3

AC31. [Since (PREV. SUPP. RD. INT. DATE)/(REF. DATE)/In the last year], (have you/has SP) delayed seeking medical care because (you were/he was/she was) worried about the cost?

HCDELAY	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

AC32 OMITTED.

Instrumental Activities of Daily Living (IADLs)

Now I'm going to ask about some everyday activities and whether (you have/SP has) any difficulty doing them by (yourself/himself/herself). [PRESS ENTER TO CONTINUE.]

HS27. Because of a health or physical problem, (do you/does SP) have any difficulty...	(1) using the telephone?	(2) doing light housework (like washing dishes, straightening up, or light cleaning)?	(3) doing heavy housework (like scrubbing floors or washing windows)?	(4) preparing (your/his/her) own meals?	(5) shopping for personal items (such as toilet items or medicines)?	(6) managing money (like keeping track of expenses or paying bills)?
	Yes 1] (NEXT No 2] ACTIV.) DOESN'T DO 3 (HS28)	Yes 1] (NEXT No 2] ACTIV.) DOESN'T DO 3 (HS28)	Yes 1] (NEXT No 2] ACTIV.) DOESN'T DO 3 (HS28)	Yes 1] (NEXT No 2] ACTIV.) DOESN'T DO 3 (HS28)	Yes 1] (NEXT No 2] ACTIV.) DOESN'T DO 3 (HS28)	Yes 1] (INSTR. No 2] ABOVE DOESN'T DO 3 (HS28)
	PRBTELE	PRBLHWK	PRBHHWK	PRBMEAL	PRBSHOP	PRBBILS
HS28. Is this because of a <u>health</u> or <u>physical</u> problem?	Yes 1] (NEXT No 2] ACTIV.)	Yes 1] (NEXT No 2] ACTIV.)	Yes 1] (NEXT No 2] ACTIV.)	Yes 1] (NEXT No 2] ACTIV.)	Yes 1] (NEXT No 2] ACTIV.)	Yes 1] (INSTR. No 2] ABOVE DOESN'T DO 3 (HS28)
	DONTTELE	DONTLHWK	DONTHHWK	DONTMEAL	DONTSHOP	DONTBILS

ASK HS29 AND HS30 FOR EACH "YES" IN HS27 OR HS28. IF NO "YES" ANSWERS, GO TO INTRODUCTION ABOVE HS31.

HS29. [You said that (IADL) is something that (you have difficulty doing/you don't do/SP has difficulty doing/SP doesn't do).] (Do you/Does SP) receive help from another person with (IADL)?	Yes 1 (HS30) No 2 (NEXT ACTIV. CODED YES)	Yes 1 (HS30) No 2 (NEXT ACTIV. CODED YES)	Yes 1 (HS30) No 2 (NEXT ACTIV. CODED YES)	Yes 1 (HS30) No 2 (NEXT ACTIV. CODED YES)	Yes 1 (HS30) No 2 (NEXT ACTIV. CODED YES)	Yes 1 (HS30) No 2 (INTRO. ABOVE HS31)
	HELPTTELE	HELPLHWK	HELPHHWK	HELPMEAL	HELPSHOP	HELPBILS
HS30. [You mentioned that (you receive/SP receives) help with (IADL). Who gives that help?] [ENTER ALL HELPERS.]						
HLPRTTELE						
HLPRLHWK						
HLPRHHWK						
HLPRTMEAL						
HLPRTSHOP						
HLPRTBILS						
HLPRTROST						

ACTIVITIES OF DAILY LIVING (ADLs)

Now I'll ask about some other everyday activities. I'd like to know whether (you have/SP has) any difficulty doing each one by (yourself/himself/herself) and without special equipment. [PRESS ENTER TO CONTINUE.]

	(1) bathing or showering?	(2) dressing?	(3) eating?	(4) getting in or out of bed or chairs?	(5) walking?	(6) using the toilet?
HS31. Because of a health or physical problem, (do you/does SP) have <u>any</u> difficulty...	Yes 1 (NEXT No 2 ACTIV.) DOESN'T DO3 (HS31a)	Yes 1 (NEXT No 2 ACTIV.) DOESN'T DO 3 (HS31a)	Yes 1 (NEXT No 2 ACTIV.) DOESN'T DO3 (HS31a)	Yes 1 (NEXT No 2 ACTIV.) DOESN'T DO3 (HS31a)	Yes 1 (NEXT No 2 ACTIV.) DOESN'T DO3 (HS31a)	Yes 1 (INSTR. No 2 ABOVE HS32) DOESN'T DO3 (HS31a)
	HPPDBATH	HPPDDRES	HPPDEAT	HPPDCHAR	HPPDWALK	HPPDTOIL
HS31a. Is this because of a health or physical problem?	Yes 1] (NEXT No 2] ACTIV.)	Yes 1] (NEXT No 2] ACTIV.)	Yes 1] (NEXT No 2] ACTIV.)	Yes 1] (NEXT No 2] ACTIV.)	Yes 1] (NEXT No 2] ACTIV.)	Yes 1 (INSTR. No 2 ABOVE HS32)
	DONTBATH	DONTDRES	DONTEAT	DONTCHAR	DONTWALK	DONTTOIL

ASK HS32-HS34 AS APPROPRIATE FOR EACH ADL CODED "YES" IN HS31 OR HS31a. OTHERWISE, SKIP TO HS37.

HS32. [You said (your/SP's) health makes (ADL) difficult.]/[You said that (ADL) is something (you don't/SP doesn't) do.] (Do you/Does SP) receive help from another person with (ADL)?	Yes 1 (HS34) No 2 (HS33) HELPBATH	Yes 1 (HS34) No 2 (HS33) HELPDRES	Yes 1 (HS34) No 2 (HS33) HELPEAT	Yes 1 (HS34) No 2 (HS33) HELPCHAR	Yes 1 (HS34) No 2 (HS33) HELPWALK	Yes 1 (HS34) No 2 (HS33) HELPTOIL
HS33. Does someone usually stay nearby just in case (you need/SP needs) help with (ADL) [That is, does someone usually stay or come into the room to check on (you/him/her)]?	Yes 1 No 2 PCHKBATH	Yes 1 No 2 PCHKDRES	Yes 1 No 2 PCKEAT	Yes 1 No 2 PCHKCHAR	Yes 1 No 2 PCHKWALK	Yes 1 No 2 PCKKTOIL

ACTIVITIES OF DAILY LIVING (ADLs) (continued)

HS34. (Do you/Does SP) use special equipment or aids to help (you/him/ her) with (ADL)?	(1) bathing or showering?	(2) dressing?	(3) eating?	(4) getting in or out of bed or chairs?	(5) walking?	(6) using the toilet?
Yes	1	Yes	1	Yes	1	Yes
No	2	No	2	No	2	No
	EQUIPBATH	EQUIPDRES	EQUIPEAT	EQUIPCHAR	EQUIPWALK	EQUIPTOIL

IF YES IN ANY ADL QUESTION HS32, ASK HS34a. IF YES IN ANY ADL QUESTION HS33, GO TO HS35. OTHERWISE, GO TO HS36a.

HS34a. How long (have you/has SP) needed help with (ADL)? Has it been...

less than 3 months 1 (HS34b)
 more than 3 months but less than 1 year 2 (HS35)
 more than 1 year 3 (HS35)
 REFUSED -7 (HS35)
 DON'T KNOW -8 (HS35)

LONGBATH**LONGDRES****LONGEAT****LONGCHAR****LONGWALK****LONGTOIL**

HS34b. Do you expect that (you/SP) will still need help with (ADL) three months from now?

YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

STILBATH**STILDRES****STILEAT****STILCHAR****STILWALK****STILTOIL**

HS35. You mentioned that (you receive/SP receives) help with (name all ADL's with Yes in HS31.) Who gives that help? [ENTER ALL HELPERS.]

HLPRROST **HLPRBATH** **HLPRDRES** **HLPREAT** **HLPRCHAR** **HLPRWALK** **HLPRTOIL**

IF MORE THAN ONE HELPER NAMED IN HS35, GO TO HS36. OTHERWISE, GO TO HS36a.

HS36. Which of these persons gives (you/SP) the most help with these things? [ENTER ONLY ONE.]

MOSTADLS

HLPRMOST

HS36a. (Do you/Does SP) experience memory loss such that it interferes with daily activities?

MEMLOSS

YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

HS36b. (Do you/Does SP) have problems making decisions to the point that it interferes with daily activities?

PROBDECS

YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

HS36c. (Do you/Does SP) have trouble concentrating or keeping (your/his/her) mind on what (you are/he is/she is) doing?

TROBCONC

YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

HS37. I'd like to ask about a health problem that is more common than people think. [SHOW CARD HS2.] Please look at this card and tell me how often, if at all, (you/SP) lost urine beyond (your/his/her) control [during the past 12 months/Since (PREV. SUPP. RD. INT. DATE)].

**SHOW
CARD HS2**

LOSTURIN

MORE THAN ONCE A WEEK 1
 ABOUT ONCE A WEEK 2
 2-3 TIMES A MONTH 3
 ABOUT ONCE A MONTH 4
 EVERY 2-3 MONTHS 5
 ONCE OR TWICE A YEAR 6
 NOT AT ALL 7
 SP IS ON DIALYSIS OR CATHETERIZATION... 8
 REFUSED -7
 DON'T KNOW -8

BOX
HS4

GO TO **BOX SC1A**.